2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State
04-20-2007 90087 036 ****61.25

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1st MOORE CR2E037 (10/06)

DOCUMENT # N02000007757

1. Entity Name

CASON MCCLAIN GOSPEL PROMOTIONS, INC.

Principal Place of Business	Mailing Address
23 CAMINO REAL COURT EDGEWATER FL 32132	23 CAMINO REAL COURT EDGEWATER FL 32132

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2101 WATERFORD EST DR.	265 Peaceful Valley DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Smyrna Bch, FL.	City & State: Cleveland, GA.
Zip: 32168 Country: Volusia	Zip: 30528 Country: WHITE

4. FEI Number: 56-2297097 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCLAIN, CASON C ~~23 CAMINO REAL COURT~~ ~~EDGEWATER FL 32132~~	Name Street Address (P.O. Box Number is Not Acceptable): ~~265 Peaceful Valley~~ Dr. City: Cleveland. ~~GA. FL~~ Zip Code: ~~30528~~

8. The above named entity submits this statement for the purpose of ch... orida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: CASON C. McCLAIN, 2101 Waterford East Dr. New Smyrna Bch. Fl. 32168 DATE: 7-10-07

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. El... Trust Fund Contribution. ☐ Added to Fees

...ake Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCLAIN, CASON C ~~23 CAMINO REAL COURT~~ ~~EDGEWATER FL 32132~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 265 Peaceful Valley Dr. Cleveland, GA. 30528
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCLAIN, JESSIE H ~~23 CAMINO REAL COURT~~ ~~EDGEWATER FL 32132~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 265 Peaceful Valley Dr. Cleveland, GA. 30528
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVANS, RHONDA M ~~3744 UMBRELLA TREE DR.~~ ~~EDGEWATER FL 32141~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2101 Waterford East Dr. New Smyrna Bch. Fl. 32168
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cason C McClain CASON C. McCLAIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #